Step 1: Measure vital signs and level of consciousness

Glasgow Coma Scale Systolic blood pressure < 14 or

< 90 mmHg or

Respiratory rate

< 10 or > 29 breaths/minute (< 20 in infant < one year)



W

Take to a trauma center. Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of care within the trauma system.

Step 2: Assess anatomy of injury

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee
- · Flail chest
- Two or more proximal long-bone fractures
- · Crushed, degloved, or mangled extremity
- · Amputation proximal to wrist and ankle
- · Pelvic fractures
- · Open or depressed skull fracture
 - Paralysis

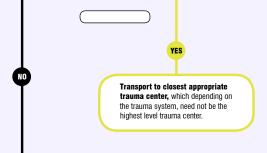


M

Take to a trauma center. Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of care within the trauma system.

Step 3: Assess mechanism of injury and high-energy impact

- Falls
 - Adults: > 20 ft. (one story is equal to 10 ft.)
 - Children: > 10 ft. or 2-3 times the height of the child
- · High-Risk Auto Crash
 - Intrusion: > 12 in. occupant site; > 18 in. any site
 - Ejection (partial or complete) from automobileDeath in same passenger compartment
 - Vehicle telemetry data consistent with high risk of injury
- Auto v. Pedestrian/Bicyclist Thrown, Run Over, or with Significant (> 20 mph) Impact
- Motorcycle Crash > 20 mph
 (continued on reverse)



Step 4: Assess special patient or system consideration

- Age
 - Older Adults: Risk of injury death increases after age 55 years
 - Children: Should be triaged preferentially to pediatric-capable trauma centers
- Anticoagulation and Bleeding Disorders
- Burns
- Without other trauma mechanism: Triage to burn facility
 - With trauma mechanism: Triage to trauma center
- Time Sensitive Extremity Injury
- End-Stage Renal Disease Requiring Dialysis
- Pregnancy > 20 Weeks
- · EMS Provider Judament

